24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Christopher Marquess	11 22 2014
Mailing Address 110 W Pecan St	Amount
011.	5000
City State Zip Code Ville Platte LA 70586	50.00 Transaction ID : 9d45b8b7-f03c-45e7-a
	Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 22 / Y Y Y Y 1
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA State:
Calendar Year-To-Date Per Election for Office Sought Disbut 299180.07	ursement For: Primary X General Other (specify) ▶
Full Name of Payee Christopher Marquess	Date of Public Distribution/Dissemination
Mailing Address 110 W Pecan St	11 22 2014
Mailing Address 110 W Pecan St	Amount
City State Zip Code	32.40
Ville Platte LA 70586	Transaction ID : d529c8ea-6218-4c60-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	11 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disb 299180.07	ursement For: Primary X General Other (specify) ▶
•	
(a) SUBTOTAL of Itemized Independent Expenditures	82.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Duto	11 24 2014
Signature	

Schedule E)	PAGE 2 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amend	ds report filed on
Full Name of Payee Timothy Foley	Date of Public Distribution/Dissemination
Mailing Address 20679 Glenbrook Terrace	11 22 2014 Amount
City State Zip Code Sterling VA 20165	55.00 Transaction ID : 596ecdd6-a4ae-40fc-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001
Name of Federal Candidate Sup	port Office Sought: House District: 00
Ms. Mary L Landrieu Opp	oose President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 299180.07	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Payee Nicholas O Wilcox	Date of Public Distribution/Dissemination
Mailing Address 1981 Cherokee St	11
City State Zip Code	50.00
Baton Rouge LA 70806	Transaction ID: 42014262-bf7b-42d5-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001
Name of Federal Candidate Sup	pport Office Sought: House District: 00
Ms. Mary L Landrieu Opp	
Calendar Year-To-Date Per Election for Office Sought 299180.07	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or a party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Signature	Date 11 24 2014

Schedule E)	NI EXI END	ITOTILO		PAGE 3 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Nicholas O Wilcox			M = M	olic Distribution/Dissemination
Mailing Address 1981 Cherokee St			Amount	22 2014
City	State	Zip Code		4.50
Baton Rouge	LA	70806		n ID : f4a81fe4-d7bd-4ab9-8 bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 11	/ 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	299180.07	Disbursement For: 2014 Other (s	Primary ⊠ General
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Eva M Johnston			M = M	22 2014
Mailing Address 2517 N 47th St			Amount	
City	State	Zip Code		10.00
Milwaukee	WI	53210		ID: e3273dc3-7306-4df6-9 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 M	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	299180.07	Disbursement For: 2014 Other (Primary X General specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		•	14.50
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•	
				45.
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 24	
Signaturo				

Schedule E)	II EXI END	TOTILO		PAGE 4 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FI	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Janet Morris			1	
Mailing Address 620 Old Barbome Rd Lot 2			Amount	
City	State	Zip Code		35.00
West Monroe	LA	71291		etion ID: 35768a58-19b2-432c-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 1	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	, , , 2	299180.07	Disbursement F 2014 Othe	For:
Full Name of Payee			Date of	Public Distribution/Dissemination
Janet Morris			1	
Mailing Address 620 Old Barbome Rd Lot 2			Amount	
City	State	Zip Code		4.86
West Monroe	LA	71291		ion ID : fcc88d03-e184-4389-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 1	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	, , ,	299180.07	Disbursement F 2014 Other	For:
(a) SUBTOTAL of Itemized Independent Expenditure	es		·	39.86
				7 1 7 1 7
(b) SUBTOTAL of Unitemized Independent Expendi	tures		· -	7 1 7 1 7 1 7 1 7 1
(c) TOTAL Independent Expenditures			· -	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		24 2014
- 9				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	TI EXI END	TIONEO		PAGE 5 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Heather A Smith			M	f Public Distribution/Dissemination
Mailing Address 995 Clairborne Rd			Amoun	11 22 2014 t
City	State	Zip Code		33.00
Calhoun	LA	71225		ction ID: 1db39b5f-e6b3-4abe-b f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 1 7	299180.07	Disbursement 2014 Ott	For: Primary X General ner (specify) ▶
Full Name of Payee	_		Date o	f Public Distribution/Dissemination
Heather A Smith				11 22 2014
Mailing Address 995 Clairborne Rd			Amour	
C:4.	Ctata	7in Code		6.60
City Calhoun	State LA	Zip Code 71225		6.60 ction ID : 4a7b9809-e1fd-43fe-a f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	11 22 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 7	299180.07	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res			39.60
(b) SUBTOTAL of Unitemized Independent Expend	litures			
(-)				4
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan	[Electror	nically Filed] Date	e 11	24 2014
Signature				

Schedule E)	ENT EXIEND	TIONES	PAGE 6 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on Man / Dad / Yayayay
Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination
Mailing Address 121 Ohara Dr			11 22 2014 Amount
City	State	Zip Code	88.00
Salisbury	NC	28147	Transaction ID : 1168829c-3208-42f7-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		299180.07	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Colton R Overcash			11 22 / 2014
Mailing Address 121 Ohara Dr			Amount
City	State	Zip Code	64.20
Salisbury	NC	28147	Transaction ID : 668be23d-7772-43fe-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 / 22 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		299180.07	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expendent	ditures		▶ 152.20
(b) SUBTOTAL of Unitemized Independent Exp	enditures		
.,			4 4
(c) TOTAL Independent Expenditures			. •
	ndidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 11 24 2014

Schedule E)	IN EXIEND	ITOTILO		PAGE 7 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Philip Elkins			Date of I	Public Distribution/Dissemination
Mailing Address 227 Lincoln Dr			11	22 2014
City Bossier City	State LA	Zip Code 71111		40.00 tion ID : 26a6a114-6448-4384-a
Purpose of Expenditure Salary		Category/ Type 001	Date of 1	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	;	299180.07	Disbursement F 2014 Othe	for: Primary
Full Name of Payee Philip Elkins			M	
Mailing Address 227 Lincoln Dr			Amount	22 2014
City	State	Zip Code		11.49
Bossier City	LA	71111		ion ID : 7a4d569f-b2d7-4670-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 11	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	-, -,	299180.07	Disbursement F 2014 Othe	For:
(a) SUBTOTAL of Itemized Independent Expendi	tures		•	51.49
(b) SUBTOTAL of Unitemized Independent Exper	nditures			
(a) TOTAL lades and set Funes ditures				7-1-7-1-7-1
(c) TOTAL Independent Expenditures			· •	4
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		24 2014
Olghalule				

Schedule E)	VI EXI END	ITOTILO		PAGE 8 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			1	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee			Date of	f Public Distribution/Dissemination
Mary C Lee				11 22 2014
Mailing Address 1030 N Coolidge Ave			Amoun	t
City	State	Zip Code	— [-	50.00
Gonzales	LA	70737		ction ID : 8eea5ab9-89ce-42df-b f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	11 22 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	299180.07	Disbursement 2014 Ott	For: Primary X General ner (specify) ▶
Full Name of Payee			Date o	f Public Distribution/Dissemination
Mary C Lee				11 22 2014
Mailing Address 1030 N Coolidge Ave			Amoun	t
City	State	Zip Code		3.60
Gonzales	LA	70737		ction ID : 61f7d458-b45d-496c-8 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 22 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	299180.07	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res			53.60
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	itures		•	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 /	24 / 2014

Schedule E)	IVI EXI END	ITOTILO		PAGE 9 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	/
Full Name of Payee Hannah J Landry			М	
Mailing Address 1110 N Coolidge			Amount	22 2014
Cit.	Otata	7:a Cada		00.00
City Gonzales	State LA	Zip Code 70737		60.00 ion ID : eb744492-aa8e-422a-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	M / D D / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		299180.07	Disbursement For 2014 Other	or: Primary X General r (specify) ▶
Full Name of Payee			Date of F	Public Distribution/Dissemination
Hannah J Landry			M 11	
Mailing Address 1110 N Coolidge			Amount	
City	State	Zip Code		25.20
Gonzales	LA	70737		on ID: aa216f61-20a7-4d50-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 11	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	299180.07	Disbursement F 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		•	85.20
(b) CURTOTAL of Heiteriand Indianation France	45			
(b) SUBTOTAL of Unitemized Independent Expendent	aitures		•	7 7 7
(c) TOTAL Independent Expenditures			·	4 1 4 1 4 1
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		24 2014
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Schedule E)	INT EXILID	ITOTILO		PAGE 10 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Beau Autin				1 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 345 Auroura Ave			Amoun	t
City	State	Zip Code		25.00
Metairie	LA	70006		ction ID: a213a27c-4b5e-45d9-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	, , ,	299180.07	Disbursement 2014 Oth	For: Primary X General ner (specify) ►
Full Name of Payee			Date of	Public Distribution/Dissemination
Beau Autin				11 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 345 Auroura Ave			Amoun	t
City	State	Zip Code		1.47
Metairie	LA	70006		tion ID : 19da11f4-eda5-4487-b f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 22 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	- 5 - 1 - 5	299180.07	Disbursement 2014 Otl	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures			26.47
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	7 7 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 /	24 2014
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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

			FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC ID	ENTIFICATION NUMBER ▼
۷V	omen Speak Out PAC	C	C00530766
Che	ck if 24-hour report 48-hour report New report Amends report filed	on M /	D = D / Y = Y = Y = Y
T	Full Name of Payee Elvis Spears	Date of Public	: Distribution/Dissemination
	·	11 /	22 2014
	Mailing Address 2150 Hope St	Amount	
ŀ	City State Zip Code		60.00
	New Orleans LA 70119		D: 6c46571b-071e-48a8-a rsement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 /	22 / 2014
	Name of Federal Candidate Support Office	Sought:	House District: 00
	Ms. Mary L Landrieu	President >	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 299180.07	rsement For: Other (spe	Primary ☐ General
ľ	Full Name of Payee Elvis Spears	Date of Public	Distribution/Dissemination
ŀ	Mailing Address 2150 Hope St	Amount	22 2014
ŀ	City State Zip Code		10.50
	New Orleans LA 70119		: 828672fc-3ab4-463b-a irsement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	11 /	22 / 2014
ľ	Name of Federal Candidate Support Office	Sought:	House District:00
	Ms. Mary L Landrieu Oppose	President >	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbu 299180.07	rsement For: Other (sp	Primary ☐ General ecify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	7	70.50
(b) SUBTOTAL of Unitemized Independent Expenditures	7	42.
(c) TOTAL Independent Expenditures		1 4 1 4 1
W	Inder penalty of perjury I certify that the independent expenditures reported herein were not ma vith, or at the request or suggestion of, any candidate or authorized committee or agent of either arty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date Signature	M / D D D 24	2014
	Oignaturo		_

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Schedule E)	TI EXI END	ITORES		PAGE 12 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEG	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Po	ublic Distribution/Dissemination
Jon E Conner			M M	/ D D / Y Y Y Y Y 22 2014
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code		20.00
Winchester	VA	22602		on ID: 5127c48b-e783-4c95-8 isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	22 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		299180.07	Disbursement Fo 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee			Date of P	ublic Distribution/Dissemination
Rodney D Culbreth			11	/ D D / Y Y Y Y Y Y Z 2014
Mailing Address 100 Asbury CT			Amount	
3200 Dam Neck Rd				
City Winchester	State VA	Zip Code 22602		20.00 on ID : fcca347c-4da0-4192-a
Purpose of Expenditure Salary		Category/ 001	Date of D	isbursement or Obligation 22 2014
,		Type		
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	299180.07	Disbursement Fo	or: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		•	40.00
(b) SUBTOTAL of Unitemized Independent Expendent	litures		·	7 1 7 1 4 1
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date		24 2014
- 3				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
\Box	Full Name of Payee Jazmine d Conner	Date of Public Distribution/Dissemination
		11 22 2014
	Mailing Address 100 ASBURY CT	Amount
	City State Zip Code	20.00
	WINCHESTER VA 22602	Transaction ID : f4ded7ab-d447-4e90-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 22 / 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbu 299180.07 Disbu 2014	rsement For:
	Full Name of Payee Rze Culbreath	Date of Public Distribution/Dissemination
	Mailing Address 100 Asbury Ct	Amount
1	City State Zip Code	20.00
	Winchester VA 22602	Transaction ID : 1b673c3b-baa1-4ffe-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 / 22 / 2014
1	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA State:
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For:
	(a) SUBTOTAL of Itemized Independent Expenditures	40.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	1 24 2014
	Oignaturo ———	

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OF

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Schedule E)	IVI EXI END	HONES		PAGE 14 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	X New rep	port Amends repo		M / D D / Y B Y B Y
Full Name of Payee Christine Stevens				f Public Distribution/Dissemination
Mailing Address 100 Asbury Ct			Amoun	11 22 2014
			Amoun	
City	State	Zip Code	L	20.00
Winchester	VA	22602		rection ID: cd4be44c-7ee3-4bb5-8 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 22 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	299180.07	Disbursement 2014 Ot	For: Primary X General
Full Name of Payee			Date o	f Public Distribution/Dissemination
Rodney O Culbreath				11 22 2014
Mailing Address 100 Asbury Ct			Amour	nt
City	State	Zip Code	- [20.00
Winchester	VA	22602		ction ID : 398c2772-10b8-40da-8 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 22 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		299180.07	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ıres			40.00
(b) OUDTOTAL of Heiberiand Indiana deal France			-	
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	7 7 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11	24 2014
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed or	n M M / D D / Y Y Y Y Y
Full Name of Payee Felicia A Jones	1	Date of Public Distribution/Dissemination
		11 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4106 Martha St	A	Amount
City	State Zip Code	70.00
Shreveport		Transaction ID : e4c66516-37f1-425d-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 22 / 2014
Name of Federal Candidate	Support Office S	Sought: House District: 00
Ms. Mary L Landrieu	Oppose P	resident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	299180.07 Disburse 2014	ement For:
Full Name of Payee Felicia A Jones Mailing Address 4106 Martha St		Date of Public Distribution/Dissemination 11
City	State Zip Code	6.30
Shreveport	LA 71109 Ti	ransaction ID : c1707327-1bb4-4dcf-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 22 / 2014
Name of Federal Candidate	Support Office S	Sought: House District: 00
Ms. Mary L Landrieu	∑ Oppose □ P	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	299180.07 Disburs 2014	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures.	•	76.30
(b) SUBTOTAL of Unitemized Independent Expenditure	es	
(c) TOTAL Independent Expenditures	>	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized committee or agent of either, or	
Ms. Emily Buchanan Signature	[Electronically Filed] Date 11	24 2014
Signaturo		

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OF

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Schedule E)	IN EXIEND	HONES		PAGE 16 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	c Distribution/Dissemination
Carl Brent			M 11	22 / 2014
Mailing Address 6718 Lake Willow Dr			Amount	
City	State	Zip Code		80.00
New Orleans	LA	70126		D: 4b3ed96b-d3f0-44a4-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	299180.07	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Public	c Distribution/Dissemination
Carl Brent			11	22 2014
Mailing Address 6718 Lake Willow Dr			Amount	
City	State	Zip Code		39.90
New Orleans	LA	70126		D: a34e3f18-b83c-43c1-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 11	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	299180.07	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures			119.90
			7	7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		• •	
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canon party committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 / 24	2014
3				

Schedule E)	EITT EXTERE	TIONES	_	AGE 17 OF 26 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	0530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Theresa a Youngblood			Date of Public D	Distribution/Dissemination
Mailing Address 102 S Main Street Apt A2			Amount	22 2014
City	State	Zip Code		115.00
Berryville	VA	22611		: 48751379-3873-4972-9 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	299180.07	Disbursement For: 2014 Other (speci	Primary
Full Name of Payee			Date of Public D	Distribution/Dissemination
Jeanne Tribou			11 /	22 / 2014
Mailing Address 22369 Ponderosa Dr.			Amount	
City	State	Zip Code		60.00
Mandeville	LA	70471		15986208-039b-4586-b ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		299180.07	Disbursement For: 2014 Other (spec	Primary X General ify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures			175.00
(b) SUBTOTAL of Unitemized Independent Expe	enditures			
(a) actionized independent Expe	maia.co		P	1 49 1 1 45 1
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	11 24	2014

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	L/((L. () .	1101120		PAGE 18 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	X New repo	oort Amends repo	ort filed on	M / D D / Y D Y D Y
Full Name of Payee Jeanne Tribou				of Public Distribution/Dissemination
				11 22 2014
Mailing Address 22369 Ponderosa Dr.			Amou	nt
City	State	Zip Code	$ \Gamma$	9.60
Mandeville	LA	70471		action ID : f8f4efc2-ff67-48d2-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 22 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	299180.07	Disbursemen 2014 O	tt For: Primary
Full Name of Payee			Date	of Public Distribution/Dissemination
Lilly Green			TN	11 22 2014
Mailing Address 205 Medallion Circle			Amou	int
City	State	Zip Code	-	40.00
Shreveport	LA	71119	Transa Date	action ID: 338d1d30-14d1-4fca-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 22 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		299180.07	Disbursemen 2014	nt For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			· •	49.60
(b) SUBTOTAL of Unitemized Independent Expenditures	:S		· •	171171
(c) TOTAL Independent Expenditures			•	7 1 7 1 7 1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M /	24 2014
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)				PAGE 19 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo	ort filed on	M / D D / Y Y Y Y
Full Name of Payee			Date o	of Public Distribution/Dissemination
Lilly Green				11 22 / 2014
Mailing Address 205 Medallion Circle			Amoun	nt
City	State	Zip Code	-	50.10
Shreveport	LA	71119		action ID : d70eeb24-5fa9-4607-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	11 22 / 2014
Name of Federal Candidate		Support	Office Sought	:: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		299180.07	Disbursement 2014 Ott	For: Primary X General
Full Name of Payee			Date o	of Public Distribution/Dissemination
Gregory Green				11 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2506 Bolch Street			Amour	
City	State	Zip Code		60.00
Shreveport	LA	71104	Transac Date o	ction ID : c1085611-7e78-43a4-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	11 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	t: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	299180.07	Disbursement 2014 Ot	t For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			110.10
(b) SUBTOTAL of Unitemized Independent Expend	ditures		-	
(c) TOTAL Independent Expenditures			· •	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	date or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M /	24 2014
Signature		_ · · · · · · · · · · · ·	<u> </u>	

Schedule E)	LIVI EXI END	HONES	PAG FOF	GE 20 OF 26 R SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENT	IFICATION NUMBER ▼
Women Speak Out PAC			C C005	30766
Check if 24-hour report 48-hour report	New rep	oort Amends repo	rt filed on	D / Y = Y = Y
Full Name of Payee			Date of Public Dist	ribution/Dissemination
Gregory Green				22 / 2014
Mailing Address 2506 Bolch Street			Amount	
City	State	Zip Code		54.60
Shreveport	LA	71104	Transaction ID : fe Date of Disbursem	e2b9351-f8f0-47d9-a ent or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M = M / D	22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: Ho	ouse District: 00
Ms. Mary L Landrieu		X Oppose	President X Se	enate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		299180.07	Disbursement For: 2014 Other (specify)	Primary General
Full Name of Payee			Date of Public Dist	tribution/Dissemination
Bobbie M Steinsholt				22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3009 Skelly St			Amount	
City	State	Zip Code		80.00
Shreveport	LA	71107	Transaction ID: e7 Date of Disbursem	
Purpose of Expenditure Salary		Category/ Type 001		22 / 2014
Name of Federal Candidate		Support	Office Sought:	ouse District: 00
Ms. Mary L Landrieu		Oppose	President Se	enate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	299180.07	Disbursement For: 2014 Other (specify)	Primary
(a) SUBTOTAL of Itemized Independent Expendent	ditures			134.60
.,			7	7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>	7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 24	2014

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Sched	ule E)				PAGE 21 OF 26 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	nen Speak Out PAC				C C00530766
Check if	f X 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M
	Name of Payee aegan E McDaniel				of Public Distribution/Dissemination
Maili	ing Address 3009 Skelly St			Amou	11 22 2014 nt
City		State	Zip Code		80.00
	reveport	LA	71107		action ID : 82ac06f2-1bc0-44fa-b of Disbursement or Obligation
Purp Sala	pose of Expenditure ary		Category/ Type 001		11 22 2014
Nam	ne of Federal Candidate		Support	Office Sough	t: House District:00
Ms.	Mary L Landrieu		X Oppose	Preside	ent State: LA
	Calendar Year-To-Date Per Election for Office Sought	2	299180.07	Disbursemen 2014 O	nt For:
	Name of Payee aegan E McDaniel				of Public Distribution/Dissemination
Mail	ling Address 3009 Skelly St			Amou	
City		State	Zip Code		15.90
	reveport	LA	71107		action ID : e2687fcd-71ac-4b37-b of Disbursement or Obligation
	pose of Expenditure eage		Category/ Type 002		11 22 / 2014
	ne of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms.	. Mary L Landrieu		Oppose	Presid	ent X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	77	299180.07	Disbursemer 2014	nt For: Primary
(a) S	SUBTOTAL of Itemized Independent Expenditur	res		· [95.90
(b) S	SUBTOTAL of Unitemized Independent Expendi	itures		. •	
(c) T	OTAL Independent Expenditures			· [
with,	r penalty of perjury I certify that the independ or at the request or suggestion of, any candida committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	M M /	24 2014
Si	gnature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	1 6/1 6/12			PAGE 22 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y Y Y Y
Full Name of Payee Cynthia N Schmit			M	f Public Distribution/Dissemination
Mailing Address 2226 Taft Circle Apt 1			Amount	11 22 2014 t
City	State	Zip Code		50.00
Winchester	VA	22601		ction ID: 00b35d48-d929-4741-b f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	11 22 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	Presider	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	299180.07	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee Windy Hageman			M	f Public Distribution/Dissemination
Mailing Address 5521 Randolph St.			Amoun	11 22 2014 t
City	State	Zip Code	-	30.00
Marrero	LA	70072		tion ID : e5aa9a40-cbad-42f0-8 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 22 / 2014
Name of Federal Candidate		Support	Office Sought:	: House District: 00
Ms. Mary L Landrieu		Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought		299180.07	Disbursement 2014 Oth	For:
(a) SUBTOTAL of Itemized Independent Expenditure	es		•	80.00
(b) SUBTOTAL of Unitemized Independent Expendit	tures		>	
(c) TOTAL Independent Expenditures			· •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M M / 1	24 2014
Signature		_		

Schedule E)	I EXI EIID			PAGE 23 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Windy Hageman			M = M	
Mailing Address 5521 Randolph St.			Amount	22 2014
City	State	Zip Code		2.70
Marrero	LA	70072		bn ID: e60c462c-2e6f-4cc5-9 sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	22 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , , 2	299180.07	Disbursement For 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee			Date of Pu	ublic Distribution/Dissemination
Sheri J Peace			11	22 / 2014
Mailing Address 9685 Paula St			Amount	
City	State	Zip Code		80.00
Keithville	LA	71047		n ID : 9555e0b8-cbac-40dd-8 isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	/ 22 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	299180.07	Disbursement Fo 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expenditure	es			82.70
(b) SUBTOTAL of Unitemized Independent Expendit	ures			
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 2	4 2014

Schedule E)	INI EXI END	ITOTILO		PAGE 24 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Sheri J Peace			M 1	
Mailing Address 9685 Paula St			Amount	
City	State	Zip Code		27.60
Keithville	LA	71047		ction ID: 315ba223-f971-4bab-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 1	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	2	299180.07	Disbursement F 2014 Othe	For: Primary
Full Name of Payee			Date of	Public Distribution/Dissemination
Michael B Fuhrmann			1	
Mailing Address 329 Columbia St			Amount	
City	State	Zip Code		10.00
Shreveport	LA	71104		ion ID : 7ed82aa2-00ba-4344-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 1	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	7	299180.07	Disbursement I 2014 Oth	For:
(a) SUBTOTAL of Itemized Independent Expendi	tures			37.60
.,				7 1 7 1 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•	71171171
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		24 2014
o.g.iataro				

Schedule E)	ITT OF INDEPENDE	VI EXPEND	ITORLS		PAGE 25 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (FEC IDENTIFICATION NUMBER ▼
Women Speak O	ut PAC		C C00530766		
Check if X 24-hour repo	ort 48-hour report	New rep	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee Michael B Fuh	rmann				of Public Distribution/Dissemination
Mailing Address 329 (Columbia St			Amou	11 22 2014 unt
City			1.20		
City State Zip Code Shreveport LA 71104					saction ID : e6c27ad6-c2d4-4444-9 of Disbursement or Obligation
Purpose of Expenditur Mileage	re		Category/ Type 002		11 22 7 2014
Name of Federal Can	didate		Support	Office Sough	nt: House District: 00
Ms. Mary L Landrieu			X Oppose	Presid	
Calendar Year-To- Per Election for C		Disbursement 2014	nt For:		
Full Name of Payee ERIC TABARY				Date	of Public Distribution/Dissemination
				[11 22 2014
Mailing Address 61	01 NORA ST			Amo	unt
City		State	Zip Code		55.00
METAIRIE	-	LA	70003		action ID: c62f6b14-2db3-4caa-b of Disbursement or Obligation
Purpose of Expenditure Salary	re		Category/ Type 001	$\Box \mid \Box$	11 / 22 / 2014
Name of Federal Can	didate		Support	Office Soug	ht: House District: 00
Ms. Mary L Landrieu			Oppose	Presid	dent X Senate State: LA
Calendar Year-To Per Election for 0		7 1 1 7	299180.07	Disburseme 2014	nt For:
(a) SUBTOTAL of Item	ized Independent Expenditu	res		▶	56.20
(b) SUBTOTAL of Unit	emized Independent Expend	litures		·· •	171171171
(c) TOTAL Independen	t Expenditures			· •	7 1 7 1 2
with, or at the request		late or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily I	Buchanan	[Electron	ically Filed] Date	e 11 /	24 2014

Schedule E)	HEFORT OF INDEFERDE	INT EXPEND	TONES		PAGE 26 OF 26 FOR SE OF FORM 24/48		
NAME OF COM					FEC IDENTIFICATION NUMBER ▼		
women Sp	eak Out PAC		C C00530766				
Check if X 24	hour report 48-hour report	X New rep	ort Amends repo		M = M / D = D / Y = Y = Y = Y		
Full Name of	Payee			Date	of Public Distribution/Dissemination		
ERIC TA				[11 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Addre	ess 6101 NORA ST			Amou	unt		
City		$-\Gamma$	1.80				
METAIRIE	·				saction ID: 43e70cb8-93e9-4e5e-8 of Disbursement or Obligation		
Purpose of E Mileage	expenditure		Category/ Type 002		11 22 7 2014		
Name of Fed	leral Candidate		Support	Office Sough	nt: House District: 00		
Ms. Mary L L	andrieu		Oppose	Presid	lent Senate State: LA		
	r Year-To-Date ction for Office Sought	, , , , ,	99180.07	Disbursemen 2014	nt For:		
Full Name o	f Payee				of Public Distribution/Dissemination		
Mailing Addr	ess			L	M - M / D - D / Y - Y - Y - Y		
inag				Amo	unt		
City		State	Zip Code		, , , , , , ,		
				Date	of Disbursement or Obligation		
Purpose of E	Expenditure		Category/ Type] [M = M / D = D / Y = Y = Y		
Name of Fed	deral Candidate		Support	Office Soug	ht: House District:		
			Oppose	Presid	dent Senate State:		
	ar Year-To-Date ction for Office Sought			Disburseme	nt For:		
(a) SUBTOTA	L of Itemized Independent Expenditu	ures		•	1.80		
(b) SUBTOTAL of Unitemized Independent Expenditures							
(c) TOTAL In	dependent Expenditures			•	1860.52		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
Signature	Ms. Emily Buchanan	[Electron	ically Filed] Date	11	24 2014		
•							